



PGA Affiliate Golf Management Program Application

Check one: Initial Registration Re-registration

For Office Use Only	
Affiliate #	Section:
Reg. Date	

PERSONAL INFORMATION

Applicant Name: _____
First
Middle
Last

Social Security #: _____ - _____ - _____
 Date of Birth: ____/____/____
MM
D D
Y Y Y Y

Present Home Address: _____
Street
Apt. No.

City _____ State _____ Zip _____

E-Mail Address: _____ Home Phone: (____) _____
Area Code

Mobile Phone: (____) _____
Area Code

Have you ever been convicted of a misdemeanor or felony? Yes No
 If you answered "Yes", documentation must be included with this application.

Gender and Race: This information will be used for statistical information only. Indication of gender and race is STRICTLY VOLUNTARY. All responses will be confidential. Male Female

- African American American Indian, Aleut, Eskimo
- Asian or Pacific Islander Caucasian
- Hispanic or Latino Multi-racial/Ethnic Other

IMPORTANT

All applicants are urged to be factual, as falsification of information could result in disciplinary action.

I have reviewed the Steps to Become a PGA Affiliate information provided on PGA.org and agree to abide by all present and future regulations of the Association and the Section with which I am affiliated. I understand that the Affiliate Program registration fees and the Level 1 Materials Fee is non-refundable. I understand that I may not register as an Affiliate if I am otherwise eligible to register as an Associate.

Please sign and date below

Applicant's Signature
Date